

H11N

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mail piece, or on the front if space permits.

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3. Delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Chief Of Criminal Appellate
 Illinois Attorney General's Office
 100 W. Randolph, 12th Floor
 Chicago, IL 60601

Office Of The Attorney General
 Office Services

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 0100 0001 7313 6003

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

08cv2544

FILED

MAY 22 2008

5-22-2008

MICHAEL W. DOBBINS

CLERK U.S. DISTRICT COURT